

# Golden Haven Services Inc.

## EMPLOYMENT APPLICATION

25922 Summer Savory Ln

Katy, TX 77494

Phone: 832-744-0566

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Email: [goldenhavenservices@gmail.com](mailto:goldenhavenservices@gmail.com)

**Golden Haven Services Inc.** is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

**PERSONAL**

Last Name		First	Initial	Social Security #
Other Name(s) Used				Home Telephone # ( )
Address				Alternate # ( )
Position Applied For		Referred By		Salary Desired
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			If under 18, do you have a work permit?	

**EDUCATION**

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			

List Any Professional Designations

Other Special Knowledge, Skills or Qualifications (Such as any foreign languages that you speak)

Do you type?  Yes  No      If yes, WPM:

Computer Skills (Hardware/Software)

## EMPLOYMENT HISTORY

List your past employment, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

**GENERAL**

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

**BACKGROUND HISTORY**

*As a potential employee, you are hereby notified that effective September 1, 1989, Senate Bill 332 (House Bill 1466), passed by the 71<sup>st</sup> Legislature for the State of Texas, mandates that persons convicted of certain crimes may not be employed in most facilities and agencies providing medical care or business providing services related to those facilities.*

*Therefore, as of September 1<sup>st</sup>, 1989, we are required by the Department of Health to do a background check on any prospective employee healthcare services. This includes all employees.*

Yes No

- Have you ever been convicted of a crime? Or plead no contest or guilty to any offense? (A yes response does not automatically disqualify your application.)

**If you answered yes then list the offense, date, and location of conviction in the spaces provided below:**

Charge:	Date:	Location (State, County, City)
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Charge:	Date:	Location (State, County, City)

So that Golden Haven Services Inc. can conduct a criminal history check, please fill in the fields below:

Date of Birth	Maiden Name	Gender	Race/Ethnicity
City of Birth	State of Birth	County of Birth	Driver's License/State
Previous Address	City	State	How long?
Previous Address	City	State	How long?
Previous Address	City	State	How long?
Please list any other names or aliases you have used:			

**LICENSURE**

List all Licenses you currently hold:

TYPE	STATE	EXPIRATION DATE

List any special certifications you might have: (CPR, ACLS, PALS, etc.)

TYPE	HOW LONG?	EXPIRATION DATE

## AREAS OF EXPERTISE

Please indicate experience in month and years.

AREA	YEARS	MONTHS
Private Duty Nursing		
Child Care/Development		
Nursing Home		
Children's Home		
Clinics		
Home Health Visits <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Infusion		
Occupational/Industrial		
Correctional Facilities		
Quality Assurance		
Utilization Review		
Case Manager		
Hospice		
Dialysis Center		
Doctor's Office		
Other		

## HOSPITAL EXPERIENCE

Please indicate experience in month and years.

AREA	YEARS	MONTHS
Med/Surgery		
Orthopedics		
Operating/Recovery Room		
Emergency Room		
Intensive Care (ICU/CCU/SICU/MICU)		
Intensive Care (Neonatal ICU/Pediatric ICU)		
Pediatrics		
Neurology		
Rehabilitation		
Oncology		
Telemetry		
Pediatric Progressive Care		
Psychiatric/ Behavioral medicine		
Nursery		
Nephrology		
LTAC		

AREA	YEARS	MONTHS
Chemical Dependency		
Recovery Room		
Geriatrics/ long term care		
Radiology		
Outpatient services		
Other		

## SHIFT PREFERENCE

Please indicate in the space provided your preferences:

Do you prefer 8 hour or 12 hour shifts?

- 8 hour
- 12 hour
- visits only

• Do you prefer to work:

- Days
- Evenings
- Nights
- Full Time
- Part Time

DAY OF WEEK PREFERRED			
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday		Holidays	

## DOCUMENTS REQUIRED

Golden Haven Services Inc. will also require copies of the following documents:

- Driver's License
- Social Security Card
- Proof of liability insurance for your vehicle
- Any licensures
- Any certificates (or record of continuing education credits)
- Any specializations
- Possibly even transcripts and/or diplomas
- I-9 documentation verification (work eligibility verification)

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Employee \_\_\_\_\_

**CERTIFICATION & AUTHORIZATION**

The previous information is true and correct. I understand that, in the event of my employment by **Golden Haven Services Inc.** I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I hereby authorize any investigator or duly accredited representative of **Golden Haven Services Inc.**, bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by **Golden Haven Services Inc.** and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with **Golden Haven Services Inc.** is intended to create an employment contract between myself and **Golden Haven Services Inc.** under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or **Golden Haven Services Inc.** at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

Disclosure

**Golden Haven Services Inc.**, when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a consumer report from a consumer reporting agency. These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. As an applicant for employment or employee of **Golden Haven Services Inc.** you are a consumer with rights under the FCRA.

A consumer reporting agency is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as **Golden Haven Services Inc.**

A consumer report is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes. This includes motor vehicle checks and criminal background checks.

If **Golden Haven Services Inc.** obtains a consumer report about you, and if **Golden Haven Services Inc.** considers any information in the consumer report when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the consumer report before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a consumer with regard to consumer reports and consumer reporting agencies.

By signing below, I \_\_\_\_\_, hereby voluntarily authorize **Golden Haven Services Inc.** to obtain consumer reports about me from a consumer reporting agency and to consider the consumer reports when making decisions regarding my employment with **Golden Haven Services Inc.** I understand that I have rights under the FCRA, including the rights discussed above.

*I hereby acknowledge that I have read and agree to the above statements with my signature below:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date